City of Arlington

ARLINGTON
THE AMERICAN DREAM CITY

Subrecipient Handbook for Reimbursement Requests & Monthly Reports

Community Development Block Grant

Grants Management

PY 2015

101 W. Abram St., Arlington, TX 76010

This handbook is the final project of Iliza Sebikali, a Grants Management staff, for the Problem Solving and Decision Making training she attended in April of 2015.

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I. Introduction

A. Guidebook Purpose and Goal

The purpose of this guidebook is to provide guidelines to CDBG grant subrecipients regarding the monthly Request for Reimbursement and Program Reports that should be submitted to the City of Arlington Grants Management staff.

B. Available Services

It is highly encouraged that subrecipient staff, whether new or experienced, takes advantage of the assistance available to them through the Grants Management team:

- Technical assistance: phone, email and in-person technical assistance is available upon request;
  - Time available: Monday through Friday, 8AM to 5PM;
  - Location available: at the Grants Management office or at the subrecipient office location.

II. Importance of On-Time and Accurate Reports

Each month, Grants staff keeps records of the date and time as well as the accuracy of the reimbursement requests and program reports submitted by subrecipients. On-time submission and accuracy of those documents can have a positive impact on future funding. However, repetitive lateness or inaccuracies could have a negative impact on future funding.

A. Positive Impact

The first and foremost benefit of submitting reimbursement requests on time is an earlier reimbursement of the organization qualified expenses. In addition, it is important for subrecipients to submit on time and accurate program reports and requests in order for the Grants Management staff to report in an accurate manner and timely to Arlington residents and the U.S. Department of Housing and Urban Development (HUD).

Furthermore, in past years, depending on available funding, returning subrecipients in good standing benefitted from performance bonuses when reapplying for grants. Bonuses may be allocated to organizations with accurate and timely monthly reports and requests, as well as good performance and monitoring results.

B. Negative Impact

The direct impact of a late and inaccurate reimbursement request is a potential delay in the reimbursement to the subrecipient for qualified expenses. Repetitive late and inaccurate program reports and requests could lead to more frequent monitoring visits as well as monitoring findings, which could lead to a reduction or suspension of future funding.

III. Things to Remember

There are few important things that subrecipients need to remember in order to increase on-time submission of reimbursement requests and program reports as well as their accuracy.

A. Contacts

For help regarding program reports and/or requests for reimbursement, please contact:

- Grants Coordinator I: Amy Powell – 817-459-6229 – Amy.Powell@arlingtontx.gov
- Program Specialist: Iliza Sebikali – 817-459-6206 – Iliza.Sebikali@arlingtontx.gov
- Grants - Main Contact: 817-459-6258 - GrantsManagement@arlingtontx.gov

B. Dates

Important dates for the submission of program reports and reimbursement request are:

- 15th of each month: ***deadline*** to submit the request and reports. In case the 15th falls on a weekend, submit the documents on the Friday before that weekend. If your agency cannot submit the documents by the 15th, contact Grants staff beforehand.
- Last day of each month: an email ***reminder*** is sent to all subrecipients about the submission deadline. Seize that opportunity to reply with any issues or questions.

C. Other Tips

In order to improve timely and accurate submission of requests and reports, remember:

- ***Communicate*** with Grants staff about any issues or questions;
- ***Notify*** Grants staff before the deadline (15th)about any potential lateness;
- ***Inform*** Grants staff once the requests and reports are mailed so they expect them;
- ***Request*** on-site technical assistance for any new staff in grant funded programs;
- ***Contact*** Grants staff if you have issues that could impact the accuracy of the reports;
- ***Report*** any change in key positions or positions related to grant funded programs.

IV. Reporting Processes

A. Request for Reimbursement and Financial Status report (FSR)

1. General Information

It is important to remember that:

- The FSR is based on the CDBG grant agreement program budget (Exhibit C);
- The Program Budget (Exhibit C) can be revised ***once*** during the program year with sufficient justification and the approval of the Grants Manager;
- Budget amendments will be accepted prior to the end of the third quarter (March 31), but not after that date;
- Grants staff is available for help and advice regarding the budget revision.

2. Data Needed

Financial Status Report			
Data Requested	**Information Required**	**Data Requested**	**Information Required**
Subrecipient	*Organization name*	**All supporting [...] exceptions:**	*Specify any missing supporting document*
Address	*Organization address*	**Grant Amount**	*Prepopulated; Total grant amount allocated*
INVOICE #	*Invoice number, from 1 to 12 (for July to June), corresponding to the month of the report*	**Amount in This Request**	*Amount requested for reimbursement for the report month*
PO #	***City Staff Use Only***	**Total Previous Requests**	*Total amount requested for reimbursement from the beginning of the program year to the previous month*
Contract Period	*Prepopulated; from July 1 to June 30 of the program year*	**Remaining Balance**	*Remaining balance from the allocated grant amount as of the report month*
Report for Month Ending	*Specify the month for which reimbursement is requested*	**Final Report: Date**	*To be filled at the end of the program year to confirm that the FSR submitted is the final*
Phone Number	*Organization phone number*	**Prepared By / Title / Date**	*Organization preparer signature (blue ink); Preparer title and date of signature*
Fax Number	*Organization fax number*	**Approved By / Title / Date**	*Organization approver signature (blue ink), as specified in the grant award contract; Approver title and date of signature*
Tax ID #	*Organization tax ID number*	**Received/Approved By / Title / Date**	***City Staff Use Only***
Budget	*Prepopulated, by line item and in total; Based on organization budget/contract*	**Accounting Unit**	***City Staff Use Only***
This Month	*Amount requested for reimbursement for the report month, by Line Item and in Total*	**Catalyst ID**	***City Staff Use Only***
Cumulative	*Cumulative amount requested for reimbursement since the beginning of the program year, by line item and in total*		

3. Documents Needed

The FSR requires supporting documents, depending on the line item funded by grant dollars. Supporting documents for the FSR include, but is not limited to:

- For salary: paystubs, general ledger and timesheets;
- For direct services such as meals, transportation or case management: detailed service log of each unit of service provided (1 meal, 1 trip, 1 case management unit);
- For utilities and supplies: invoices and receipts of payment;
- For scholarships: list of scholarship recipients with the amount of grant funds used.

It is the discretion of Grants staff to request additional supporting documents to substantiate your agency request for reimbursement.

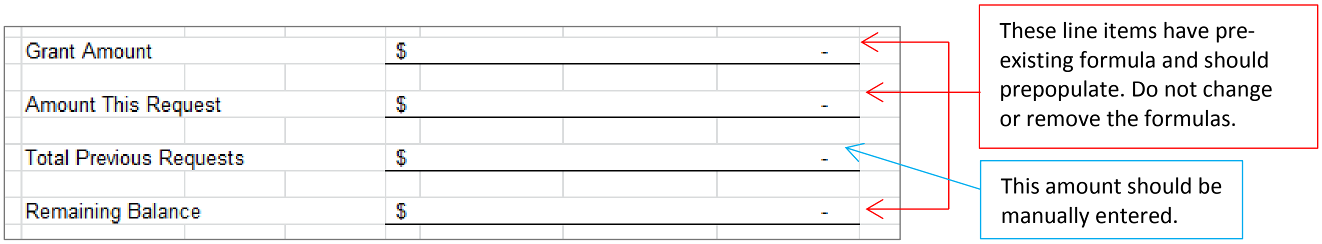
4. Most Common Errors

A common error with the request for reimbursement is the request for more funds than what was allocated to the organization in the contract budget. To avoid this error, keep track of the cumulative amounts on a monthly basis and make sure to only request reimbursement up to the amounts allocated to each line item and in total.

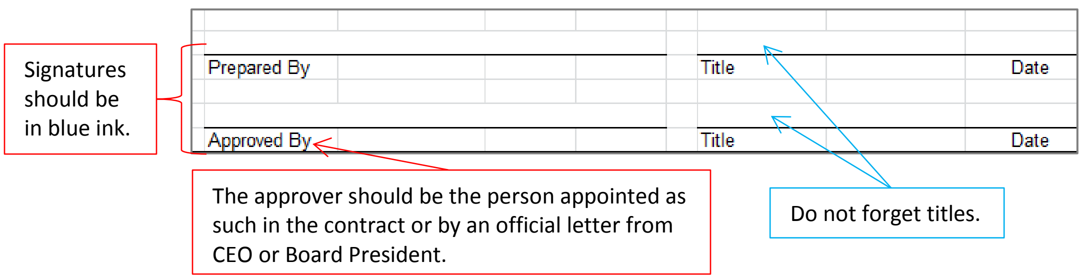
	Budget	This Month	Cumulative
Salary:			
Program Director		$ -	$ -
Employee Health/Retirements		$ -	$ -
Payroll Taxes		$ -	$ -
TOTAL	**$ -**	**$ -**	**$ -**

Verify that the cumulative amounts correctly add up each month and never exceed the total allocated amount.

Another common error on the reimbursement request is the disturbance of pre-entered formulas leading to errors in the calculation of various amounts. A way to avoid this error is to not manipulate pre-entered formulas.



Finally, it happens that agencies send reimbursement requests without original signatures or titles. Signatures should always be original, in blue ink, from the preparer and the agency authorized signatory as stated in the grant agreement.



B. Client Intake Form

1. General Information

- The Client Intake form collects demographic and income data from clients served;
- An organization can opt-out of using that form; however, it needs processes in place to collect the same data;
- Income data can be collected through any acceptable HUD method (24 CFR Part 570.506 (b));

2. Data Needed

Client Intake Form			
Data Requested	**Information Required**	**Data Requested**	**Information Required**
Agency	*Agency name*	**Age of Head of Household**	*Age of client's head of household*
Month	*Month of initial service*	**Sex of Head of Household**	*Sex of client's head of household*
Project	*Project name*	**Number of People in Household**	*Number of people in the client household*
Date	*Date of initial service*	**Client Race**	*All clients should select and and circle one race*
Name	*Client name*	**Household Income**	*Clients select their income limit based on the number of people in their household*
Address	*Client address*	**Client Signature / Date**	*Client signs and dates*
Ethnicity	*Client ethnicity. **All clients should check a box***	**Staff Signature / Date**	*Agency staff sign and date*
Client Age	*Age of client*		

3. Most Common Errors

Subrecipients' clients are sometimes confused when selecting their race. HUD recognizes 10 race categories for PY2015 and each client should select ***only one*** of them.

Circle One:

1	White	2	Black/African American	3	Asian	4	American Indian/ Alaskan Native	5	Native Hawaiian/ Other Pacific Islander
6	American Indian/ Alaskan Native & White	7	Asian & White	8	Black/ African American & White	9	American Indian/ Alaskan Native & Black/African American	10	Other Race

There are currently 10 races recognized by HUD. Each client must select one of them.

Another source of confusion for subrecipients' clients is ethnicity. It is different from race. Each client should select a race then identify if they are Hispanic or not.

Ethnicity: ☐ Hispanic ☐ Non Hispanic

All clients should check one of the two boxes

Clients are also often confused when it comes to choosing their income category. First, the client should ***find the column with their corresponding household size***. Then, the client should ***select the income limit of their income category*** under that column, based on their annual income. Each income represents the maximum income for that income category.

On this row, the client finds the number corresponding to their household size. Below that number, the client selects their income category. The amounts displayed represent the maximum annual income for each income category.

***Columns Denote # of People in Household**

Circle One:

	1	2	3	4	5	6	7	8
<30%	$14,650	$16,750	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
<50%	$24,400	$27,900	$31,400	$34,850	$37,650	$40,450	$43,250	$46,050
<80%	$39,050	$44,600	$50,200	$55,750	$60,250	$64,700	$69,150	$73,600

30%=Very low income (VLI) 50%=Low income (LI) 80%=Moderate Income (MI)

Example 1: for a 1 person household with an annual income of $13,000, the client should select the circled income limit because $13,000 is below $14,650 which represents the income limit/maximum for that income category.

Example 2: for a household of 4 people with an annual income of $32,500, the client should select the circled income limit. Indeed, $32,500 is above $24,250 (the income limit for the first income category), but it is below $34,850 which represents the income limit/maximum for the second income category.

Example 3: for a household of 7 people with an annual income of $65,000, the client should select the circled income limit. Indeed, $65,000 is above $36,730 (the income limit for the first income category); it is also above $43,250 (the income limit for the second income category). However, it is below $69,150 which represents the income limit/maximum for the third income category.

C. Client Data Summary

1. General Information

- The Client Data Summary gathers demographic and income data of every new client served each month of the program year with programs funded with HUD grants;
- The information entered in the Client Data Summary comes from the Client Intake Form;
- At the beginning of a new program year, any client served in the previous program year that is still receiving service from a HUD grant funded program should be entered as a new client in the new program year with the initial date of service of July 1.

2. Data Needed

Client Data Summary			
Data Requested	**Information Required**	**Data Requested**	**Information Required**
Month of	*Month of the report*	**Age/HoH**	*Age of the head of household*
Organization/ Program	*Name of the organization or program funded*	**# in HH**	*Number of people in the household*
CDBG #	*Client CDBG number, if applicable*	**Total Annual HH Income**	*Total annual income of the household*
Case #	*Client case number*	**Source**	*Source used to determine the total annual household income*
Client Name	*Name of client served*	**Verified**	*Check or initial for each client whose total annual income has been verified*
Date of Initial Service	*The date the client received the initial service in the program year*	**VLI**	*Check if the client annual household income falls on the "Very Low Income" category, based on the program year income limits*
Client Race	*Race of the client*	**LI**	*Check if the client annual household income falls on the "Low Income" category, based on the program year income limits*
Hispanic Y/N	*Client ethnicity: "yes" for Hispanic; "no" for Non-Hispanic*	**MI**	*Check if the client annual household income falls on the "Moderate Income" category, based on the program year income limits*
Client Age	*Age of the client*	**AMI**	*Check if the client annual household income is above the "Moderate Income" category, based on the program year income*
Sex/HoH	*Gender of the head of household*		

3. Most Common Error

Common errors on the Client data Summary are related to the race and ethnicity of clients as well as their income categories. The example below shows you how to avoid those errors.

Do not confuse race and ethnicity. Both should be determined.

Make sure to match the total annual income with the correct income level, based on the household size.

CDBG #	Case #	Client Name	Date of Initial Service	Client Race	Hispanic Y/N	Client Age	Sex/ HoH	Age/ HoH	# in HH	Total Annual HH Income	Source	Verified	VLI	LI	MI	AMI

D. Population Served Report

1. General Information

- The Population Served Report gives the statistics of demographic and income data for all clients served with HUD grants funded programs.

2. Data Needed

Performance Measurement Report			
Data Requested	**Information Required**	**Data Requested**	**Information Required**
Agency	*Name of the agency*	**Total # of persons assisted (Arlington CDBG Only)***	*Enter the total number of people served, in one column for the current month, in another column since the beginning of the program year.*
Month	*Month of the report*	**Very Low Income VLI (<30% of median)**	*Enter the total number of new Very Low Income households served: in one column for the current month, in another column since the beginning of the program year.*
Project	*Name of the program/project*	**Low Income LI (<50% of median)**	*Enter the total number of new Low Income households served: in one column for the current month, in another column since the beginning of the program year.*
Unduplicated Total Served	*For each race, determine the total number of new clients served for the current month.*	**Moderate Income MI (<80% of median)**	*Enter the total number of new Moderate Income households served: in one column for the current month, in another column since the beginning of the program year.*
Unduplicated Hispanic	*For each race, determine the total number of new Hispanic clients served for the current month.*	**Above Moderate Income AMI (>80% of median)**	*Enter the total number of new Above Moderate Income households served: in one column for the current month, in another column since the beginning of the program year.*
Cumulative Total Served	*For each race, determine the total number of people served since the beginning of the program year.*	**Percent LMI (must be a minimum of 51%)**	***Self-populated, with formula included (do not modify formula)***
Cumulative Hispanic	*For each race, determine the total number of Hispanic people served since the beginning of the program year.*	**Female Head of Household**	*Total number of new female headed households: in one column for the current month, in another column since the beginning of the program year.*

3. Most Common Error

One of the most common errors with the Population Served Report is the incorrect count of persons served and their demographic and income data. To avoid this error, make a careful and correct count of data entered in the Client Data Summary.

E. Client Service Log

1. General Information

- The Client Service Log tells which days of the month each new client was served;
- Keep a record of all services provided to all clients served during the program year so they can be reviewed when your agency is monitored.

2. Data Needed

Client Service Log			
Data Requested	**Information Required**	**Data Requested**	**Information Required**
Month of	*Month of the report*	**Case Number**	*Case number of each client served*
Organization/ Program	*Name of the organization or the funded program*	**1 to 31 (numbers):**	*The numbers 1 to 31 represent the days of the month. Put a check mark on each day of the month that each client was served.*

F. Performance Measurement Report

1. General Information

- The Performance Measurement Report tracks agencies performance towards the contracted goals set for the program year;
- Each agency receiving a HUD grant is expected to meet or exceed its goals.

2. Data Needed

Performance measurement report			
Data Requested	**Information Required**	**Data Requested**	**Information Required**
Month of	Month of the report	**Monthly Achievement**	Enter your agency achievement for each output and outcome for the month of the report
Organization/ Program	Name of the organization or the funded program	**Year to Date**	Enter your agency achievement for each output and outcome since the beginning of the program year
Stated Outputs/Goals	Outputs are retrieved from Exhibit B of the grant agreement. ***Prepopulated***	**Goal**	This is the entire program year goal as set on Exhibit B of the grant agreement for each output and outcome. ***Prepopulated***
Stated Outcomes	Outcomes are retrieved from Exhibit B of the grant agreement. ***Prepopulated***	**% of Goal**	A pre-existing formula calculates the percentage achieved toward your agency goal for each output and outcome ***(do not modify formula)***

3. Most Common Error

It is common to confuse output and outcome; below are definitions of both terms:

- Output: the direct products or results of program activities;
- Outcome: the benefits that result from the program activities.

For examples of output and outcomes see **Section V, Part E**.

V. Attachments

A. Sample Request for Reimbursement and Financial Status Report

Subrecipients should provide supporting documents for each item requested for reimbursement (see **Section IV, Part A, Number 3** for details).

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
REQUEST FOR REIMBURSEMENT AND FINANCIAL STATUS REPORT
DIVISION CODE: CDBGA

Identification Data		*INVOICE #*	**PY15-MA: 2**
Subrecipient	Mentoring Associates	PO #	
Address	101 W. Abram St.	Contract Period	7/1/15 to 6/30/2016
	Arlington, TX 76010	Report for Month Ending	Aug-15
		Phone Number	817-459-6258
		Fax Number	817-459-6253
		Tax ID #	12-3456789

Reimbursement Request

	Budget	This Month	Cumulative
Salary: Mentor Coordinator			
Salary	$ 15,000.00	$ 1,250.00	$2,500.00
Employee Health/Retirements	$ 3,500.00	$ 250.00	$ 500.00
Payroll Taxes	$ 1,500.00	$ 125.00	$ 250.00
TOTAL	**$ 20,000.00**	**$ 1,625.00**	**$ 3,250.00**

All supporting documentation for this request is attached with the following exceptions:

Financial Status

Grant Amount	$	20,000.00
Amount This Request	$	1,625.00
Total Previous Requests	$	1,625.00
Remaining Balance	$	16,750.00

Final Report: Date

Subrecipient Approval

Jane Smith (signature in blue ink)	Accountant	9/10/2015
Prepared By	Title	Date
Andrew Williams (signature in blue ink)	Financial Director (or any authorized signatory from your organization as mentioned on the grant agreement)	
Approved By	Title	Date

CD&P Office Approval

Received/Approved By	Title	Date

City Staff Use Only

Accounting Unit

Catalyst ID

B. Sample Population Served Report

The data entered in the Population Served Report should always match the data in the Client data Summary.

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COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

Population Served Report

Agency: Mentoring Associates
Month: Aug-15
Project: High School Mentoring

		Monthly		Annually	
		Unduplicated Total Served	Unduplicated Hispanic	Cumulative Total Served	Cumulative Hispanic
Single Race	White			3	1
	Black/African American	1		2	
	Asian			1	
	American Indian/Alaskan Native	1		2	1
	Native Hawaiian/Other Pacific Islander			1	
Multi-Race	American Indian/Alaskan Native & White			**1**	
	Asian & White	**2**	**1**	**2**	**1**
	Black/African American & White			**3**	**1**
	American Indian/Alaskan Native & Black/African American			**1**	
Other Race	Other	**3**	**2**		
	TOTAL of each column	**7**	**3**	**16**	**4**

	Monthly	Annually
Total # of persons assisted (Arlington CDBG Only)*	7	16
Very Low Income VLI (<30% of median)	4	7
Low Income LI (<50% of median)	2	5
Moderate Income MI (<80% of median)	1	3
Above Moderate Income AMI (>80% of median)		1
TOTAL	7	**16**
Percent LMI (must be a minimum of 51%)	**100%**	**94%**
Female Head of Household	4	11

	1	2	3	4	5	6	7	8
<30%	$14,650	$16,750	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
<50%	$24,400	$27,900	$31,400	$34,850	$37,650	$40,450	$43,250	$46,050
<80%	$39,050	$44,600	$50,200	$55,750	$60,250	$64,700	$69,150	$73,600

*Total number of persons assisted (Arlington CDBG Only) should equal the unduplicated total served (C24=C27 and F24=F27)

C. Sample Client Data Summary

The data entered in the Client Data Summary originates from Client Intake Forms. Agencies' forms could be used as well to collect this information (for more details see **Section IV, Part B, Number 1**).

Only the income limit circled by clients should be entered in the Client Data Summary, if the Client Intake Form was used. Otherwise, enter the actual income reported by the client.

COMMUNITY DEVELOPMENT BLOCK GRANT

Client Data Summary

Month of: Aug-15

Organization/Program: Mentoring Associates

CDBG #	Case #	Client Name	Date of Initial Service	Client Race	Hispanic Y/N	Client Age	**Sex/ HoH**	**Age/ HoH**	**# in HH**	**Total Annual HH Income**	**Source**	**Verified**	VLI	LI	MI	AMI
10	23	John Doe	1-Aug	AI/AN		15	F	50	3	$31,400.00	Client Intake Form	Y		X		
11	27	Carla Suarez	3-Aug	O	Y	12	M	38	2	$31,400.00	Client Intake Form	Y		X		
12	32	Matt Lee	3-Aug	A/W		16	F	51	5	$60,250.00	Client Intake Form	Y			X	
13	40	Dante Simmons	10-Aug	O	Y	18	F	39	4	$24,250.00	Client Intake Form	Y	X			
14	43	Ali Hussein	12-Aug	O		17	M	45	2	$16,750.00	Client Intake Form	Y	X			
15	49	Andrea Luna	20-Aug	A/W	Y	13	F	40	4	$24,250.00	Client Intake Form	Y	X			
16	55	Tina Williams	28-Aug	B/AA		15	M	42	5	$28,410.00	Client Intake Form	Y	X			

Instructions: Complete for each new client in your CDBG contract period. Do not duplicate clients who have been previously reported. Income must be verified with documentation maintained in client files at the agency. Other documentation should be available as well.

D. Sample Client Service Log

COMMUNITY DEVELOPMENT BLOCK GRANT
Client Service Log

Month of: Aug-15
Organization/Program: Mentoring Associates

Case Number	Client Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
23	John Doe		X							X								X						X					X			
27	Carla Suarez	X							X							X						X					X					X
32	Matt Lee	X									X					X						X						X				
40	Dante Simmons	X				X					X						X					X							X			
43	Ali Hussein					X						X						X					X					X				
49	Andrea Luna						X						X						X						X							X
55	Tina Williams		X						X						X					X						X						X

E. Sample Performance Measurement Report

In the example below, Outcome #2 can be measured each time a school report is out. On the other hand, Outcome #1 and #3 can only be measured at the end of the school year. This is acceptable as long as by the end of the program year all outcomes have been measured, entered in this report and submitted to Grants staff.

COMMUNITY DEVELOPMENT BLOCK GRANT

Performance Measurement Report

Month of: Aug-15

Organization/Program: Mentoring Associates

	Stated Outputs/Goals	***Outputs Monthly Achievement***	***Outputs Year to Date***	***Output Goal***	***% of Goal***
1	Provide mentoring to 150 at risk high school students.	18	38	150	25%
2	Donate youth motivation material to parents of 120 at risk high school students.	7	15	120	13%
3	Number of Persons Assisted with Improved Access to a Service*	18	38	150	25%
	Stated Outcomes	***Outcomes Monthly Achievement***	***Outcomes Year to Date***	***Outcome Goal***	***% of Goal***
1	100% of at risk high school students mentored will remain in school.			150	0%
2	100% of at risk high school students whose parents used the motivation material will improve their class attendance	10	10	100	10%
3	50% of at risk high school students mentored will improve their overall school performance by one letter grade during the school year			38	0%

* If a grantee funded a new public service activity in the past and now continues to fund that activity, that would be initially reported as new access and would continue to be reported as new access in subsequent funding years. This approach would also be true if a service initially qualified as improved access or enhanced quality and it was funded again in subsequent years.

F. Sample Client intake Form

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
Client Intake Form

Agency: Mentoring Associates
Month: August 2015
Project: Mentoring
Date: 08/12/2015
Name: Ali Hussein
Address: 123 Example St., Apt 456, Arlington, TX 76010

Ethnicity: ☐ Hispanic ☒ Non Hispanic
Client Age: 17
Age of Head of Household 45
Sex of Head of Household: ☐ Female ☒ Male
Number of People in Household: 2

Client Race

Circle One:

1	White	2	Black/African American	3	Asian	4	American Indian/ Alaskan Native	5	Native Hawaiian/ Other Pacific Islande
6	American Indian/ Alaskan Native & White	7	Asian & White	8	Black/ African American & White	9	American Indian/ Alaskan Native & Black/African American	10	Other Race

Household Income
***Columns Denote # of People in Household**
Circle One:

	1	2	3	4	5	6	7	8
<30%	$14,650	$16,750	$20,090	$24,250	$28,410	$32,570	$36,730	$40,890
<50%	$24,400	$27,900	$31,400	$34,850	$37,650	$40,450	$43,250	$46,050
<80%	$39,050	$44,600	$50,200	$55,750	$60,250	$64,700	$69,150	$73,600

30%=Very low income (VLI) 50%=Low income (LI) 80%=Moderate Income (MI)

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Client Signs and Date Here Staff Signs and Date Here

Client Signature Date Staff Signature Date

CDBG Self Certification Form PY2015

For more information about subrecipient reporting for HUD Grants, please contact:

City of Arlington, Texas
Grants Management
101 W. Abram St., 3rd Floor
P.O. Box 90231 MS 01-0330
Arlington, TX 76004-3231

Phone: 817-459-6258
Fax: 817-459-6253
Email: GrantsManagement@arlingtontx.gov